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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
ON 17 JUN 12 AM 8: 48

N. CAUSSEAUX JUN 1 4 2017

## **COVER LETTER**

TO: Registration Solution of Con			
PLATFO SUBJECT:	ORM CONNECTION, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL SHNADER		
		Name of Person	
	PLATFORM CONNEC	TION	
		Firm/Company	<del></del>
	3321 RALEIGH STREE	T#3D	
		Address	
	HOLLYWOOD, FL	33021	
	E-mail address: (	to be used for future annual report notifi	eation)
For further information of	concerning this matter, please c	ali:	
DANIEL SHNADER		954 248-9007 at ( )	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			tadditional copy is enclo

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

#### New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PLATFORM CONNECTION, LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action Title <u>Name</u> ZEEV GOLDENBERG MGR 9733 ARBOR OAKS LANE #302 ■ Add BOCA RATON, FL 33028 \_□ Remove \_ Change □ Add \_□ Remove \_□ Change \_D Add □ Remove □ 🔙 \_□ Reggerove □ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove

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Page 3 of 3

Filing Fee: \$25.00